

September 9, 2016

Centers for Medicare & Medicaid Services

Medicaid Public Comment Portal

Submitted to: <https://public.medicaid.gov/connect.ti/public.comments/answerQuestionnaire?qid=1888067>

To Whom It May Concern:

The Homeless & Housing Coalition of Kentucky (HHCK) appreciates the opportunity to submit comment on Kentucky's proposed 1115 Medicaid Waiver Application. Please be aware that HHCK endorses written comment submitted by the Keep Kentucky Covered coalition to the Commonwealth of Kentucky during the state's public comment period (found at https://gallery.mailchimp.com/a4c247a98254d1c059c850555/files/KVH_Comments_w_Survey_Results_for_1115_Waiver_Proposal_7.22.16_FINAL.pdf). We at HHCK wish to provide additional comment about the impact of the proposed 1115 Waiver Application on the lowest income Kentuckians, specifically those experiencing homelessness.

HHCK is the only state-wide advocacy organization for issues of homelessness and affordable housing, working together to eliminate the threat of homelessness and fulfill the promise of safe, decent, and affordable housing for all Kentuckians. We represent over 100 partner organizations around the Commonwealth that provide affordable housing and homeless services. In addition to our advocacy work, we strive to achieve our mission through our AmeriCorps programs that place members in service at partner agencies throughout the state and through our permanent supportive housing programs for homeless individuals and families with disabilities.

First, we want to laud the Commonwealth for the profound impact of Medicaid expansion for Kentuckians. The impact of expanded coverage has been tremendous, as Kentucky leads the nation in the decrease in our rate of uninsured, dropping from 20.4% in 2013 to 7.5% in 2015. Medicaid expansion is working for Kentucky and we must take steps that build on that success, especially in providing access to care for those experiencing homelessness. This great success of Medicaid expansion in the state makes Governor Matt Bevin's threat that "there will be no expanded Medicaid in Kentucky" if CMCS does not approve his troubling Kentucky HEALTH plan particularly alarming. This plan will reduce Kentuckians' access to health care. We urge the Centers for Medicare & Medicaid Services to reject this proposal, despite the Governor's alarming threats on the future of Medicaid expansion in Kentucky made with submission of the 1115 Waiver request.

We at HHCK strongly oppose any Medicaid changes that will create barriers to services for those experiencing homelessness. Kentucky's Medicaid expansion has been a game changer for low-income Kentuckians, especially for those experiencing homelessness who experienced homelessness faced many barriers to accessing health care that expansion alleviated. This has increased access to primary care, and, particularly, mental health services for Kentuckians who are homeless. This has reduced homeless persons' use of emergency room services and other forms of charity care.

For example, Family Health Centers' Phoenix Health Care for the Homeless Program in Louisville has found that Medicaid expansion has led to the following impacts for their population, among others:

- Quicker referral and payment for specialty services
- Access to substance abuse and mental health services

- Increased choice of providers
- Decreased medication costs (from over \$300,000 in 2013 to \$50,000 in most recent 12 months)
- Increased client self esteem and access to stabilization services
- overall 3% reduction in emergency room visits in their homeless population

As Phoenix Health Care for the Homeless Director Andy Patterson said in an April webinar hosted by the Kaiser Family Foundation Commission on Medicaid and the Uninsured, “Most of our patients who now have insurance never had insurance in their life prior to Medicaid expansion, so just in talking to our patients, they get excited about the fact that they now have health insurance. It is normalizing to their lives to have that benefit.”

People experiencing chronic homelessness often need a broad array of health and behavioral health services to help them succeed in housing and to achieve individual health outcomes. For many, Medicaid did not figure largely as a source of financial support for these services because, until expansion, many of these people were not eligible for Medicaid. Most are single adults between the ages of 18 and 64; unless they had qualified for SSI on the basis of disability, most would not have met the criteria that would have placed them in an eligible category. Medicaid expansion has and can continue to prove an invaluable tool to serving the homeless and, especially, the high need population experiencing severe mental illness and/or substance use disorders. Additionally, Medicaid expansion has opened the door for formerly homeless persons with disabilities to services to help them to maintain housing that are eligible under the CMCS Informational Bulletin *Coverage of Housing-Related Activities and Services for Individuals with Disabilities* issued June 26, 2015.

We believe the co-pay, elimination of retroactive coverage, and community engagement and work requirements included in the Commonwealth’s proposed 1115 Medicaid Waiver will prove a barrier to access to Medicaid services and achieving the goal of using Medicaid for housing-related services. This is especially true for those with severe mental illness not receiving SSI or persons with substance abuse disorders who are qualified as “able-bodied” and not “medically frail” under 42 CFR 440.315. We believe that it will be a significant challenge for those without a stable home to comply with co-pay and community participation requirements and they will be significantly impacted by the elimination of retroactive coverage. The homeless frequently experience gaps in coverage and the elimination of the retroactive coverage will disproportionately impact this population. Phoenix Health Care for the Homeless found that amongst their homeless population, they made up 55 percent of all those needing reactivation of health care coverage. At minimum, we strongly encourage any accepted Medicaid Waiver to exempt persons with severe mental illness, those with substance abuse disorders, and those experiencing homelessness from these requirements so we can continue to build on the great successes Medicaid expansion has had for high-need Kentuckians who are homeless. Additionally, access to vision and dental coverage should not be eliminated, as both are key to health outcomes for all citizens, especially for low-income Kentuckians who did not have regular access to those services prior to Medicaid expansion.

HHCK is privileged to serve as a state partner agency on the Kentucky Medicaid Innovator Accelerator Program (IAP) Medicaid Housing-Related Services and Partnerships (HRSP) Technical Assistance Grants. Kentucky was one of 8 states selected for this competitive program designed to strengthening state-level collaboration between health and housing agencies to bring to scale supportive housing by coordinating housing resources with Medicaid-covered housing-related services. Kentucky’s success with expansion implementation was cited as a reason for the commonwealth’s selection for this program. Housing First programs serving the most at-risk

persons experiencing homelessness have been proven through national and Kentucky studies to lead to tremendous savings in utilization costs for emergency health care services, corrections, etc. Because of the essential role housing plays in health outcomes and reducing health care costs, it's vitally important that the Kentucky Department for Medicaid Services continue its work under the HRSP Technical Assistance Grant. This work can ensure that the Commonwealth can bring to scale supportive housing by coordinating housing resources with Medicaid-covered housing-related services eligible under the CMCS Informational Bulletin *Coverage of Housing-Related Activities and Services for Individuals with Disabilities*.

Under HRSP grant, Kentucky has chosen to focus planning on how to better serve “persons with serious mental illness and/or co-occurring substance use disorder with an emphasis on Medicaid high-utilizers of the health system.” The goal of Kentucky’s work is to better coordinate the delivery of permanent supportive housing to enhance housing stability. Reducing access to Medicaid coverage through the draft 1115 Medicaid Waiver’s proposed co-pay, elimination of retroactive coverage, and community engagement and work requirements will prove a barrier to access to Medicaid services for this high-need, vulnerable population and thus inhibit achieving the goal of using Medicaid for housing-related services.

We also want to reiterate the Keep Kentucky Covered coalition’s concerns about the administrative costs for implementing and monitoring the co-pay, and community participation requirements. The State Health Access Data Assistance Center (SHADAC) has found in analysis of other waiver programs that these policies have incurred significant administrative costs and required complex policies and procedures to implement them.

Thank you for your consideration of HHCK’s comments. Please contact me at 502-223-1834 x.1114 or cstauffer@hhck.org should you have any questions or require further information.

Sincerely,



Curtis A. Stauffer
Executive Director